

1 A I would not have said it was medical neglect if she
2 didn't seek care for a diaper rash.

3 Q Would it be medical neglect if every time that she
4 has brought the child to a medical professional it
5 has been for diaper rash as you call it, or the anal
6 fissure or the vaginal discharge, that those would be
7 appropriate things that a parent may seek medical
8 care and opinions for?

9 MR. STEELE: Objection, calls for
10 speculation.

11 MR. MISKELL: It's her opinion that this
12 child is being medically neglected, it goes to the
13 weight of her opinion.

14 MR. STEELE: Same objection.

15 THE WITNESS: I don't think she's being
16 medically neglected.

17 MR. MISKELL: Thank you.

18 THE WITNESS: No, I never said she was being
19 medically neglected.

20 BY MR. MISKELL:

21 Q You're saying this child is being subject to medical
22 abuse.

23 A Which is the opposite end of the spectrum of medical

1 neglect.

2 Q So medical neglect is better than medical abuse or
3 medical abuse is better than medical neglect? You
4 said opposite spectrums.

5 A Well, the goal is neither.

6 So you would hope that the child would
7 get standard care, which is if it can be cared for at
8 home you avoid the emergency room, you avoid a
9 physician visit and just do normal hygiene at home
10 and it doesn't necessitate a visit, so you're not
11 having to seek medical care, particularly in
12 emergency rooms where there's lots of sick people and
13 you're exposing the child to illnesses, but that you
14 don't have to seek medical care when it's something
15 that can be cared for at home like a diaper rash.

16 Q However, if while in the care of another individual
17 the hygiene or whatever is so lacking that the child
18 comes back with symptoms, whether or not she believes
19 they're sexually related or not but they are symptoms
20 that she takes and has to get treated, why is the
21 treatment somehow medical abuse?

22 A Because there was no seeking care simply for a diaper
23 rash, that wasn't the concern, the concerns were

1 related to sexual abuse.

2 Q To which you are not 100% sure did not occur.

3 A Well, at some point the child is verbal and there was
4 no disclosure to others that sexual abuse had
5 occurred. So there's no disclosures, no CAC
6 interview where the child disclosed sexual abuse.

7 Q That you're aware of.

8 A That I'm aware of. But DCFS referred the child and
9 they would know about CAC interviews.

10 Q But yet you did not get any report from DCFS prior to
11 2015; correct? You didn't get the 2013 reports; is
12 that correct?

13 A Well, 2013 she wouldn't have been verbal so I
14 wouldn't have expected any disclosures prior to her
15 being verbal, but once she becomes verbal I would
16 expect that if there was something that we should be
17 able to get an interview and get a disclosure from a
18 verbal child.

19 Q How come in your report you don't recommend -- well,
20 strike that.

21 Now in your records and on the February
22 of 2015 examination the PRC states that the
23 ano-genital exam on 2/18/15 was normal, but "this

1 does not exclude the possibility of sexual abuse";
2 correct?

3 A Correct.

4 Q And that's because it's possible you saw her more
5 than 72 hours after the event; is that correct?

6 A Correct.

7 Q In fact, exams are normal most of the time following
8 incidents of abuse; correct?

9 A Correct.

10 MR. STEELE: Is this your Exhibit No. 2?

11 MR. MISKELL: No.

12 MR. STEELE: Where are you getting this at?

13 MR. MISKELL: I'm reading from her notes.

14 MR. QUERCIAGROSSA: It's our No. 3, I
15 believe.

16 THE WITNESS: Yeah.

17 BY MR. MISKELL:

18 Q And that's because also that sometimes the area of
19 the body injured often can heal quite rapidly without
20 any residual objective visual findings; correct?

21 A Correct. That area of the body heals quickly, which
22 is why if it's been more than 72 hours the chance of
23 a finding is decreased.

1 Q Other than the visits to the various treating
2 professionals in this case regarding your opinion of
3 medical abuse, are you aware of or do you have any
4 other facts, factors, or conditions outside of your
5 report -- no, strike that. Strike that.

6 MR. MISKELL: That's all I have at this
7 point.

8 **EXAMINATION BY MR. STEELE:**

9 Q With respect to the October 3rd, 2016, visit to
10 Edwards Hospital, counsel asked you if there was a
11 call to the Peru Police Department at that time.

12 A Correct.

13 Q You were contacted by DCFS as a result of that visit
14 to Edwards Hospital, were you not?

15 A Correct.

16 Q Edwards Hospital had made a report to DCFS that there
17 had been potential child abuse.

18 A Correct.

19 Q What is that child abuse that they suspected?

20 MR. MISKELL: Objection. She stated that she
21 did not know what the conversation was, therefore she
22 has no firsthand knowledge of the conversation
23 between the employees at Edwards Hospital and the

1 police --

2 MR. STEELE: I'm asking what DCFS --

3 MR. MISKELL: -- calls for hearsay.

4 MR. STEELE: -- I'm asking what DCFS told
5 her.

6 MR. MISKELL: That's not what your question
7 was.

8 MR. STEELE: I think it was.

9 BY MR. STEELE:

10 Q But go ahead. When you were contacted by DCFS, what
11 was the nature of the allegation they asked you to
12 investigate?

13 A That there had been multiple visits for child sexual
14 abuse by multiple providers over time for Madeline.

15 Q And this is precipitated by the visit on October 3rd,
16 2016, to Edwards Hospital, was it not?

17 A Correct.

18 Q So Edwards Hospital itself was the reporter to DCFS
19 of abuse by Julia Eickmeier against the child
20 Madeline Kramer.

21 A Correct.

22 MR. STEELE: Mark this as No. 4.

23 MR. MISKELL: I'm actually going to object in

that the records do not indicate that whatsoever. The records indicate somebody from YWCA, which I don't know what that is, is the reporter. So unless she has any firsthand knowledge, I'd move to strike those as being speculative, hearsay, or outside of the actual witness' knowledge.

(Marked for identification
Petitioner's Exhibit No. 4)

MR. STEELE: Objection noted.

BY MR. STEELE:

Q Counsel asked you about the visits to Illinois Valley Community Hospital on November 27th, and you reviewed those records. That's what I'm handing you, Petitioner's Exhibit No. 4 for evidence deposition, and ask you if those are the records you reviewed?

A Yes.

MR. MISKELL: May I see them, please?

BY MR. STEELE:

Q You reviewed those. Counsel had asked you why a rape kit was not done at that time.

A At this, at IVCH?

Q Right. What did the mother want done at that time?

A She wanted documentation about what she observed and

1 no examination, which the physician was not willing
2 to do.

3 Q Did she refuse to allow an examination of the child
4 at that time?

5 A She declined examination for Madeline.

6 Q Did she give a reason why not?

7 A There's not an actual reason, not that I could
8 discern, she just declined the examination and she
9 just wanted documentation instead. Yeah, I could not
10 discern a reason for the declining an exam.

11 Q Okay. And you rely upon these records as part of
12 your decision or your opinion?

13 A Yes.

14 Q Okay. Now counsel asked you if it's possible to find
15 child abuse where there's actually no physical
16 symptoms of child abuse.

17 A Correct.

18 Q And you said there is. Have you done so in the past
19 yourself?

20 A Yes, I have said that there was child sexual abuse
21 when there's no physical findings, but it relies on a
22 good disclosure by the child to someone other than a
23 parent and/or disclosure and a combination of

1 physical exam findings that are considered
2 indeterminate.

3 So we use objective criteria for exam
4 findings, and if you have an indeterminate finding
5 then it has to be supported with a good disclosure by
6 the child, so other than that then we really can't
7 say that there's child sexual abuse.

8 Q All right. Counsel asked you why you did not examine
9 records of DCFS going back to 2013 examinations. Do
10 you know if those records are destroyed after a
11 period of time if a party does not request them to be
12 kept?

13 MR. MISKELL: Objection.

14 MR. STEELE: If you know.

15 THE WITNESS: I don't know, but I know if
16 things are unfounded they tend to be expunged. I
17 don't know what their timeframe for that is.

18 BY MR. STEELE:

19 Q All right. Well, you did examine six -- seven, seven
20 reports from investigations.

21 A Yes.

22 Q Okay. Including one of August 2nd, 2016.

23 A Correct.

1 MR. STEELE: I'll move to introduce Exhibit
2 No. 4, and that's all I have then.

3 MR. MISKELL: No objection.

4 MR. McCLINTOCK: I have just a little
5 housekeeping thing.

6 MR. MISKELL: I have questions.

7 MR. McCLINTOCK: No, no, I want to talk to
8 her about signature.

9 MR. MISKELL: Okay. I have questions.

10 MR. McCLINTOCK: Oh, I'm sorry. I'm sorry.

11 **EXAMINATION BY MR. MISKELL:**

12 Q Let me show you Petitioner's Exhibit No. 4. On the
13 last page of that exhibit is the emergency
14 department's ER record from the Registered Nurse
15 Maria Ernat; correct?

16 A Yes.

17 Q And in your history as a medical provider you did an
18 ER rotation, I'm assuming.

19 A Yes.

20 Q And you have probably been -- during the course of
21 your time working for the PRC you've been brought to
22 emergency rooms.

23 A Correct.

1 Q And typically nurses on average spend more time with
2 the patient than the actual doctor; is that correct?
3 A Yes.
4 Q And they, the RNs, actually are the ones who take the
5 history, the initial history from the patient and/or
6 in this case the mother; correct?
7 A They get some basic history, yes.
8 Q Now in the first sentence of this it says the
9 "child presents to the emergency room having pain
10 with urination"; correct?
11 A Yes.
12 Q "Redness around her vagina"; correct?
13 A Yes.
14 Q And "odor to her vagina that is similar to cheese or
15 fish."
16 A Correct.
17 Q She doesn't say semen.
18 A She does not, correct.
19 Q And actually there's nowhere in that note -- she
20 states that she is with the doctor, that the doctor
21 had a conversation with her about the kit and the
22 doctor would write his discharge papers and recommend
23 that she go to a children's hospital; correct?

1 A Correct.

2 Q Nowhere in that note does she ever note that she

3 changes her history that the discharge smelled like

4 semen; correct?

5 A The nursing note does not say that.

6 Q And there's nothing in here that says that she wants

7 a doctor to smell the child's vagina to document that

8 it smells like semen; correct?

9 A Correct. I don't believe she ever said she wanted

10 the physician to do that, no.

11 Q Now here it states that since the doctor told her

12 that she had to go to a children's hospital she

13 wanted a note saying that that would be done and that

14 IVCH was not going to perform her requested exams;

15 does it not?

16 A That is what it says.

17 Q So the nurses note says the doctor refuses her

18 requested exams but his notes say that she refused an

19 examination. Those are inconsistent, aren't they?

20 A It is. But it also says that mother was

21 contradictory in her thoughts and she did not want a

22 rape kit performed even though it was being

23 recommended by Naperville Hospital --

1 Q Because all she did was come to have the doctor
2 examine the child for a discharge that smelled like
3 cheese and fish; correct?
4 A Although, she wanted him to perform an exam to find
5 fluids on the child but did not want a kit
6 performed --
7 Q Uh-hum.
8 A -- and just wanted a note stating that she had
9 smelled semen. So the physician's note documents the
10 statement about semen.
11 Q The cheese/fish smell, clinically isn't that
12 significant to look to see if there's like a yeast
13 infection?
14 A Yeast doesn't really smell like cheese or fish.
15 Q What is the cheese/fish smell?
16 A I don't know what a cheese/fish smell is. There's
17 nothing that smells like cheese and fish at the same
18 time.
19 Q Okay. Cheesy fish. Fish.
20 A A fishy odor can be associated with Trichomonas or
21 bacterial vaginosis sometimes.
22 Q And what's that usually caused from in an infant?
23 A In an infant it can be -- well, she wasn't really an

1 infant at this point, she was two.

2 Q All right. Two, in a two-year-old.

3 A In an infant it can still be left over from birth, so
4 in a two-year-old it would be concern for sexual
5 contact. But there should be discharge as well, not
6 just an odor.

7 Q And there's no documentation of discharge because an
8 examination was not performed.

9 A Correct.

10 Q But what would constitute a cheese smell?

11 A I've not noticed a cheese smell. There's nothing
12 that's associated with particularly a cheese smell.
13 Yeast, although not at this age, but yeast in an
14 adult can have a cottage cheese like discharge. But
15 that's in an adult not in a two-year-old, so you
16 would not expect that. And it doesn't smell like
17 cottage cheese, so I have no idea what she's talking
18 about.

19 Q Okay. So, however, the fish smell is an indication,
20 possible indication of sexual contact.

21 A Potentially.

22 MR. MISKELL: That's all I have.

23 MR. MCCLINTOCK: Doctor, have you ever given

1 a deposition before?

2 THE WITNESS: Yes.

3 MR. McCLINTOCK: You understand you have the
4 right to review the transcript not for the purpose of
5 correcting your testimony but to determine that the
6 certified reporter took down your testimony
7 accurately?

8 THE WITNESS: Correct.

9 MR. McCLINTOCK: You also have the right to
10 waive that signature, which I can tell you is
11 routinely done.

12 THE WITNESS: Right.

13 MR. McCLINTOCK: Do you have a preference
14 with regard to that?

15 THE WITNESS: I can waive it. That's fine.

16 MR. MISKELL: I move to admit Respondent's
17 Exhibit No. 2.

18 Did you move to submit Petitioner's
19 Exhibit 4?

20 MR. STEELE: Yes.

21 MR. MISKELL: You did?

22 MR. STEELE: I have.

23 MR. MISKELL: I have no objection to that,

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but I move to admit Respondent's Exhibit No. 2.

MR. STEELE: And furnish a copy to us.

MR. MISKELL: Yeah.

MR. McCLINTOCK: It's the Edwards ER.

MR. STEELE: No objection.

No. 4, any objection?

MR. MISKELL: No, no objection.

THE DEPOSITION CONCLUDED AT 3:53 P.M.

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STATE OF ILLINOIS)
COUNTY OF PEORIA) SS

C E R T I F I C A T E


I, Dee Dee Sullivan, CSR-RPR, a Notary Public duly commissioned and qualified in and for the State of Illinois, do hereby certify that, pursuant to notice, there came before me on the 22nd day of December, 2016, at 416 Main Street, 6th Floor, Peoria, Illinois, the following named person, to wit:

DR. CHANNING PETRAK,
a witness, called by the Petitioner, who was by me first duly sworn to testify to the truth and nothing but the truth of her knowledge touching and concerning the matters in controversy in this cause, and that she was thereupon carefully examined upon her oath and her examination immediately reduced to shorthand by means of stenotype and thereafter converted to typewriting using computer-aided transcription by me.

1 I ALSO CERTIFY that the deposition is a true
2 record of the testimony given by the witness.

3 I FURTHER CERTIFY that I am neither attorney
4 or counsel for, nor related to or employed by, any of the
5 parties to the action in which this deposition is taken,
6 and further, that I am not a relative or employee of any
7 attorney or counsel employed by the parties hereto or
8 financially interested in the action.

9 IN WITNESS WHEREOF, I have hereunto set my
10 hand at Peoria, Illinois, this 7th day of January, 2017.
11
12

13
14 
15 Dee Dee Sullivan, CSR-RPR
16 License #084-002624
17 My Commission expires 6/3/19
18
19
20
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23

Channing Smith Petrak MD

530 N.E. Glen Oak Ave.

Peoria, IL 61637

309-624-9595

cpetrak@uic.edu**EDUCATION**

Southern Illinois University School of Medicine, Springfield IL
Doctor of Medicine, May 2000.

University of Illinois Springfield, Springfield IL
Master of Business Administration, May 1989.

University of Illinois, Urbana IL.
Bachelor of Arts in Economics, Business Cognate, May 1986.

POSTGRADUATE

Pediatric Residency, University of Illinois College of Medicine
Peoria IL 2000 to 2003

Caterpillar Faculty Scholars Fellowship, September 2004 to November 2005

LICENSE

Illinois Medical License 036-108511, 2003

CERTIFICATION

Board Certified in Child Abuse Pediatrics by the American Board of Pediatrics, November 12, 2013

Board Certified in General Pediatrics by the American Board of Pediatrics, October 21, 2003

Maintenance of Certification completed December 2013

FACULTY

Clinical Assistant Professor, University of Illinois Department of Pediatrics, Children's Hospital of Illinois Peoria 2000-2003

Assistant Professor of Clinical Pediatrics, University of Illinois College of Medicine, Peoria IL 2003 to present

**PROFESSIONAL
EXPERIENCE**

Division Head, Child Abuse Pediatrics, Department of Pediatrics, University of Illinois College of Medicine, Peoria IL January 2014 to present

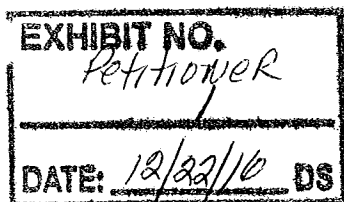
Medical Director, Pediatric Resource Center, University of Illinois College of Medicine, Peoria IL August 2011 to present.

Staff Physician, Pediatric Resource Center, University of Illinois College of Medicine, Peoria IL 2003 to present.

Pediatrician, University Pediatrics, University of Illinois College of Medicine, Peoria IL 2003 to present.

Staff Physician, Regional Diagnostic Center, University of Illinois College of Medicine, Peoria IL 2004 to 2007.

Pediatric Hospitalist, Part-time, Children's Hospital of Illinois, OSF St. Francis Medical Center, Peoria IL 2003 to 2008.



PROFESSIONAL
EXPERIENCE

Coordinating Pediatrician, CHOICE Program (Children's Healthcare Opportunities Improved through Coordinated Efforts), University Pediatrics, 2003 to 2008.

Chief Resident, University of Illinois College of Medicine, Department of Pediatrics, Peoria IL 2002-2003

Bond/Pension Analyst, Illinois Economic and Fiscal Commission
Springfield IL 1992-1996

Research/Policy Analyst, Joint Committee on Administrative Rules
Springfield IL 1986-1992

TEACHING
EXPERIENCE

Children's Hospital of Illinois, Hospitalist Attending, 1-2 months per year, 2003 to 2009.

University of Illinois College of Medicine Peoria, Ambulatory Pediatrics Preceptor for Third/Fourth Year Medical Students, 2003 to present.

University of Illinois College of Medicine Peoria, M2 Preceptor, Preventive Health and Epidemiology, 2003 to present, Ad Hoc basis.

Children's Hospital of Illinois, Child Abuse lectures monthly for residents and medical students, 2011 to present

AFFILIATIONS

American Academy of Pediatrics
American Academy of Pediatrics, Section on Child Abuse and Neglect
American Academy of Pediatrics, Section on Community Pediatrics
American Professional Society on the Abuse of Children
International Society for Prevention of Child Abuse and Neglect
Illinois Chapter American Academy of Pediatrics
Illinois Chapter American Academy of Pediatrics, Section on Child
And Neglect

ACTIVITIES

Education Counselor, Planned Parenthood Springfield Area
Springfield Illinois 1987-1996.

Hotline Counselor and Medical Advocate, Rape Information and Counseling Service,
Springfield Illinois 1987-1996.

Clinical Competence Committee, University of Illinois College of Medicine Peoria,
Department of Pediatrics 2002-2003.

Peer Review Subcommittee, Department of Pediatrics, Children's Hospital of Illinois 2002-2003.

Pharmacy and Therapeutics Pediatric Subcommittee, Children's
Hospital of Illinois 2002-2003.

Participant in design of computerized charting system for OSF Health Systems 2003.

Pediatric Residency Recruiting Task Force, University of Illinois College of Medicine,
Peoria Illinois 2000-2003.

Curriculum Committee, University of Illinois College of Medicine Peoria, Department of
Pediatrics, 2002 to 2010.

ACTIVITIES

Patient Safety Subcommittee, Curriculum Committee, University of Illinois College of Medicine, 2003 to present.

Baby-Friendly Initiative Subcommittee, Department of Pediatrics, Children's Hospital of Illinois, 2003.

Illinois Medical Network (network of child abuse medical providers), 2003 to present.

Baby Friendly Initiative Subcommittee, Methodist Medical Center, 2008.

Peoria County Safe Sleep Task Force, 2010-2012

Faculty Performance Review Committee, Department of Pediatrics, University of Illinois College of Medicine Peoria, 2010 to 2012.

Medical Child Abuse Protocol, Children's Hospital of Illinois, 2010-2013

Child Abuse Quality Improvement Committee, Chair, Children's Hospital of Illinois, 2011 to present.

Illinois Child Death Review Team Peoria Region, September 2012 to present.

Children's Justice Task Force Illinois, March 2014 to present.

Peoria County Court Improvement Committee, 2015 to present.

RESEARCH

"Bleeding Disorders and Child Abuse" Evaluation of a screening panel of blood tests in children suspected of non-accidental trauma for the purpose of diagnosing a bleeding disorder. Resident research project 2003.

RSV Standing Order Subcommittee. Participating in development and evaluation of a protocol for inpatient treatment of RSV.

Evaluation of a Domestic Violence Screening Survey, Southern Illinois University School of Medicine, Carbondale IL, Assisted with data collection for development and evaluation of a screening tool for domestic violence. 1996-1997.

PRESENTATIONS

"If Seeing is Believing, Are You Wearing Rose-Colored Glasses? Recognizing the Signs of Child Abuse", Pediatric Grand Rounds, Children's Hospital of Illinois, Peoria IL 4/16/09.

"Medical Aspects of Child Physical Abuse" University of Illinois College of Medicine Peoria and DCFS Office of Training, Regional Investigations Conference, Morton IL 11/5/09.

"Medical Aspects of Child Physical Abuse" University of Illinois College of Medicine Peoria and DCFS Office of Training, Regional Investigations Conference, Springfield IL 4/29/10.

"Child Abuse for the Generalist" Practical Pediatrics Symposium, University of Illinois College of Medicine Peoria and Children's Hospital of Illinois, Peoria IL 5/27/10.

PRESENTATIONS

"Medical Aspects of Child Physical Abuse" University of Illinois College of Medicine Peoria and DCFS Office of Training, Regional Investigations Conference, Peoria IL 9/22/10.

"Signs of Child Abuse and Neglect" OSF St. Joseph Medical Center Emergency Department Journal Club, Bloomington IL 9/23/10.

"The Case of the Missing Hymen: A Sexual Abuse Whodunit" Pediatric Grand Rounds, Children's Hospital of Illinois, Peoria IL 2/17/11.

"Medical Aspects of Child Physical Abuse" University of Illinois College of Medicine Peoria and DCFS Office of Training, Regional Investigations Conference, Bloomington IL 3/16/11.

"Medical Aspects of Child Physical Abuse" University of Illinois College of Medicine Peoria and DCFS Office of Training, Regional Investigations Conference, Galesburg IL 8/11/11.

"Identifying Signs of Child Abuse and Neglect", Pediatric Nursing Symposium Kids R Different 6, Children's Hospital of Illinois, East Peoria IL 9/20/11.

"Medical Aspects of Child Physical Abuse" University of Illinois College of Medicine Peoria and DCFS Office of Training, Regional Investigations Conference, Bloomington IL 11/4/11.

"Medical Aspects of Child Sexual Abuse" University of Illinois College of Medicine Peoria and DCFS Office of Training, Regional Investigations Conference, Bloomington IL 11/4/11.

"Medical Aspects of Child Physical Abuse" University of Illinois College of Medicine Peoria and DCFS Office of Training, Regional Investigations Conference, Peoria IL 3/23/12.

"When Is A Bruise Not Just A Bruise?" FamilyMedicine Grand Rounds, University of Illinois College of Medicine Peoria, Methodist Family Practice, Peoria IL 8/2/12

"Child Abuse: Identifying and Reporting", Pediatric Nursing Symposium Kids R Different 7, Children's Hospital of Illinois, East Peoria IL 9/11/12.

"Medical Child Abuse: Moving Beyond the Baron" Pediatric Grand Rounds, Children's Hospital of Illinois, Peoria IL 02/07/2013.

"Child Abuse: Identifying and Reporting", Nursing Staff Pekin Hospital, Pekin IL 5/22/13.

"Medical Aspects of Child Physical Abuse" University of Illinois College of Medicine Peoria and DCFS Office of Training, Regional Investigations Conference, Springfield IL 5/22/13.

PRESENTATIONS

"Medical Aspects of Child Physical Abuse" University of Illinois College of Medicine Peoria and DCFS Office of Training, Regional Investigations Conference, Bloomington IL 9/12/13.

"Child Abuse: Identifying and Reporting", Pediatric Nursing Symposium Kids R Different 8, Children's Hospital of Illinois, Peoria IL 9/18/13.

"Recognizing and Reporting Child Sexual Abuse", Burns Lectureship on Child Abuse, University of Illinois College of Medicine Rockford, Rockford, IL 10/5/13.

"Medical Aspects of Child Physical Abuse: Background Knowledge for Use in the Courtroom with Focus on Current Standards of Care and Medical Evidence" University of Illinois College of Medicine Peoria and OSF Saint Francis Medical Center, Peoria IL 10/9/13

"Medical Aspects of Child Physical Abuse" University of Illinois College of Medicine Peoria and Central Illinois Police Training Center, Peoria IL 10/17/13

"Child Abuse: Identifying and Reporting", Kewanee Hospital, Kewanee IL 12/2/13

"EMSC Case Presentation Recognition of Physical Abuse" OSF St. Francis Medical Center, Peoria IL 8/27/14

"Child Abuse: Identifying and Reporting", Rock Island Radiology Group, Rock Island IL 11/19/14

"Child Abuse: Identifying and Reporting", Children's Hospital of Illinois, Peoria IL 4/1/15

"It's not about what it is; it's about what it can become. Sentinel injuries are speaking to you. Are you listening?" Pediatric Grand Rounds, Children's Hospital of Illinois, Peoria IL 4/2/15

"Child Abuse: Identifying and Reporting", Children's Hospital of Illinois, Bloomington IL 4/15/15

"Child Abuse: Identifying and Reporting", Children's Hospital of Illinois, Galesburg IL 5/6/15

"Child Abuse: Identifying and Reporting", Children's Hospital of Illinois, LaSalle IL 5/13/15

"Medical Aspects of Child Physical Abuse" University of Illinois College of Medicine Peoria and DCFS Office of Training, Regional Investigations Conference, Peoria IL 6/3/15

"Drug Endangered Child" University of Illinois College of Medicine Peoria and DCFS Office of Training, Regional Investigations Conference, Peoria IL 6/3/15

"Child Abuse: Identifying and Reporting", Children's Hospital of Illinois, Springfield IL 6/3/15

CHILD NEGLECT/
ABUSE TRAINING

Medical Advocate and Hotline Counselor Training, Rape Information and Counseling Service, Springfield IL, October 1987.

"Child Physical Abuse: Hitting Below the Belt", Kay Saving, M.D., Pediatric Grand Rounds, Children's Hospital of Illinois, Peoria IL 2/8/01.

"Child Physical Abuse: The Couch Did It", Kay Saving, M.D., 1st Annual Illinois Medical Network Conference, Peoria IL, 5/14/03.

"Navigating the Court System", Kay Saving, M.D., Linda Simkins, 1st Annual Illinois Medical Network Conference, Peoria IL, 5/14/03.

Video Colposcopy Demonstration, 1st Annual Illinois Medical Network Conference, Peoria IL, 5/14/03.

"Sexual Abuse: Normal and Abnormal Exams", Kay Saving, M.D., 1st Annual Illinois Medical Network Conference, Peoria IL, 5/14/03.

"Abusive Head Trauma: The spectrum of defense theories, 2004", Robert Block, M.D., Brian Holmgren, J.D., Betty Spivak, M.D., American Professional Society on the Abuse of Children Advanced Training Institute, San Diego CA, 1/26/04.

"Foundations of Practice in responding to child and family maltreatment", Robin Vanderlaan, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/26/04.

"Medical Evaluation of Physical Abuse", John Stirling, M.D., San Diego Conference on Child and Family Maltreatment, San Diego CA 1/26/04.

"Use Your Voice for Children", Authentic Voice Leaders, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/27/04.

"Bleeding Disorders and Abuse", Drs. Bryce Kerlin and John Stirling, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/27/04.

"Radiology – Part 1: Basics of skeletal imaging technology, film and digital skeletal survey standards and practices", Dr. Patricia Belanger Kleinman and Paul Kleinman, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/27/04.

"When the Expert Witness is Asked to Educate the Jury about Sexual Abuse", Martin Finkel, M.D., Paul Stern, J.D., San Diego Conference on Child and Family Maltreatment, San Diego CA 1/27/04.

CHILD NEGLECT/
ABUSE TRAINING

"Basic Exam for Sexual Abuse", Sandra Elvik and Phyllis Suiter, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/27/04.

"Protecting our Children: This is no job for the Lone Ranger!", Deborah Daniels, J.D., San Maltreatment, San Diego CA 1/28/04.

"Prosecution of Child Abuse: Where we did we come from? Where are we now? Where should we go?", Brian Holmgren, J.D., San Diego Conference on Child and Family Maltreatment, San Diego CA 1/28/04.

"Integrating Forensic and Medical History in Child Abuse Cases", Mark Everson, Martin Finkel, Tracy Prior, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/28/04.

"Medical Findings in Acutely Assaulted Prepubertal Children", Marilyn Kaufhold, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/28/04

"Temporary Brittle Bone Disease: Does it exist?", Paul Kleinman, M.D., Mark Nunes, M.D., San Diego Conference on Child and Family Maltreatment, San Diego CA 1/28/04.

"Lessons Learned: Addressing the risk in unsubstantiated cases", Kimberly Helfgott, Sarah Webster, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/28/04.

"Self-Regulatory Changes Following Psychological Trauma and the Effects of Successful Treatment", Bessel van der Kolk, M.D., San Diego Conference on Child and Family Maltreatment, San Diego CA 1/29/04.

"Osteogenesis Imperfecta vs Child Abuse", Peter byers, Mark Nunes, Melanie Pepin, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/29/04.

"Bruises and Other Cutaneous Injuries", Sue Benett, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/29/04.

"Biomechanical and Forensic Controversies in Infant Head Trauma", Carole Jenny, Nagarajan Rangarajan, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/29/04.

"Interviewing Children Who Are Internet Crime Victims", Martha Finnegan, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/29/04.

"Forensic Analysis of Bite Marks", Norman Sperber, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/30/04.

"Wide Ranging Public Health Implications of Childhood Exposure to Abuse, Domestic Violence and Related Adverse Childhood Experiences", Robert Anda, San Diego Conference on Child and Family Maltreatment, San Diego CA 1/30/04.

"Failure to Thrive", Vincent Palusci, M.D., Pediatric Grand Rounds, Children's Hospital of Illinois, Peoria IL 6/24/04.

"Medical Controversies in Child Abuse and Neglect", Stephen Boos, M.D., Controversies in Child Abuse and Neglect, Children's Memorial Hospital, Chicago IL 4/11/05.

CHILD NEGLECT/
ABUSE TRAINING

"Current Controversies in Prosecuting Abusive Head Trauma", Brian Holmgren, J.D., Controversies in Child Abuse and Neglect, Children's Memorial Hospital, Chicago IL 4/11/05.

"Am I Mad? Or Am I Bad? Prosecuting Munchausen by Proxy", Brian Holmgren, J.D., Controversies in Child Abuse and Neglect, Children's Memorial Hospital, Chicago IL 4/11/05.

"Munchausen by Proxy", Stephen Boos, M.D., Controversies in Child Abuse and Neglect, Children's Memorial Hospital, Chicago IL 4/11/05.

"Shaken Baby Syndrome", Stephen Lazoritz, M.D., Pediatric Grand Rounds, Children's Hospital of Illinois, Peoria IL 4/28/05.

"What Every Doctor Needs to Know About Child Abuse", Stephen Lazoritz, M.D., Pediatric Grand Rounds, Children's Hospital of Illinois, Peoria, IL 4/17/08.

"Vitamin D Deficiency: The New Temporary Brittle Bone Disease?", Mark Nunes, M.D., San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/26/09.

"Successful Medical History-Taking in Sexual Abuse: Correlating Signs and Symptoms with Sexual Contact to Enhance Diagnostic Certainty", Martin Finkel, M.D., San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/26/09.

"Confronting Legal Challenges to the Diagnosis of Abusive Head Trauma (AHT)", Brian Holmgren, J.D., San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/27/09.

"Child Abuse and Neglect in Film and Television: An Illustrated History", Peter Samuelson, San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/27/09.

"Lessons Being Learned for Traumatized Children in Current Treatment of PTSD", Lewis Judd, M.D., San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/27/09.

"Storytelling in Trial", Cathy Stephenson, J.D., San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/27/09.

"Proving Physical Abuse and Neglect in Court: Presenting Medical Evidence", Laura Rogers, J.D. and John Stirling, M.D., San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/27/09.

"Outcomes from Inflicted Traumatic Brain Injury (TBI)", Kent Hymel, M.D., San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/27/09.

"Public Policy Concerning Children with Sexual Behavior Problems and Teenage Sex Offenders", Mark Chaffin, San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/28/09.

"Abusive Head Trauma (AHT): Recent Advances and Controversies", Mark Dias, M.D., San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/28/09.

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ABUSE TRAINING

"Preventing Abusive Head Trauma (AHT)/Shaken Baby Syndrome (SBS) Through Parent Education", Mark Dias, M.D., San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/28/09.

"The Board Exam for Child Abuse Pediatrics: What's Covered and What Help is Available for Preparation", Rich Kaplan, M.D., San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/28/09.

"Case Review", Harry Elias, Thomas Fallon, John Myers, Robert Reece, M.D., Laura Rogers, J.D., Paul Stern, San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/29/09.

"Evidence And Evidence-Based Medicine: The Challenge of Protecting Children", Carol Berkowitz, M.D., San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/29/09.

"Ano-genital Findings in Children: Research Rationale for Current Interpretation Guidelines", Joyce Adams, M.D., San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/29/09.

"Medical Child Abuse: Beyond Munchausen syndrome By Proxy (MSBP)", Carole Jenny, M.D. and Thomas Roesler, San Diego International Conference on Child and Family Maltreatment, San Diego CA 1/29/09.

"The Real Science: What Research is Telling Us about SBS/AHT", Susan Margulies, PhD, Cindy Christian, M.D., and Ann-Christine Duhaime, M.D., Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/12/10.

"Serum Biomarkers to Detect SBS/AHT", Rachel Berger, M.D., MPH, Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/12/10.

"What the Neurosurgeon Sees", Mark Dias, M.D., FAAP, Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/12/10.

"How Science Has Evolved: Views from a Pediatric Forensic Neuropathologist", Lucy Rorke-Adams, M.D., Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/12/10.

"The Strange Politics of Child Abuse", Ross Cheit, J.D., PhD, Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/13/10.

"Autopsies with Confessions", Mary Case, M.D., Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/13/10.

"Using Biomechanics to Understand SBS/AHT", Susan Margulies, PhD and Brittany Coats, PhD, Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/13/10.

CHILD NEGLECT/
ABUSE TRAINING

"To Tell the Truth – Examining Defense Witness Testimony in Abusive Head Trauma Cases", Brian Holmgren, J.D, Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/13/10.

"Retinal Hemorrhages Go to Court", Alex Levin, M.D., MHSc, FAAO, FRCSC, Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/13/10.

"Mimics of Abusive Head Trauma", Christopher Greeley, M.D., Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/13/10.

"The Problems We Encounter with SBS Cases: Getting to the Truth", Judge Charles D. Gill and Judge William Bright, Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/14/10.

"Critique of Mortality and Morbidity from Short Falls: Implications for Understanding SBS/Abusive Head Trauma", David Chadwick, M.D., Mark Dias, M.D., Ronald Barr, MDCM, FRCPC, Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/14/10.

"The Literature is Your Friend: Evidence-Based Medicine and Abusive Head Trauma" Christopher Greeley, M.D., Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/14/10.

"What We Know, What We Must Learn, What We Must Do to Move Forward", Robert Block, M.D., FAAP, Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/14/10.

"Proving Abusive Head Trauma in Court: Presenting the Medical Evidence", John Stirling, M.D, Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/14/10.

"How Shaken is the Syndrome? The Intent and Impact of the AAP 2009 Policy Statement", Randall Alexander, M.D., PhD, FAAP, and Robert Block, M.D., FAAP, Eleventh International Conference on Shaken Baby Syndrome/Abusive Head Trauma, Atlanta GA 9/14/10.

CHILD NEGLECT/
ABUSE TRAINING

"Medical Aspects of Child Physical Abuse Investigation", Roger Blevins, MSN, American Professional Society on the Abuse of Children 20th Annual Colloquium, Chicago IL 6/28/12.

"Child Sexual Torture as a form of Child Abuse", Barbara Knox, MD, Lori Frasier, MD, and Suzanna Tiapula, JD, American Professional Society on the Abuse of Children 20th Annual Colloquium, Chicago IL 6/28/12.

"Public Information and Perception vs. Science", Randell Alexander, MD and Carole Jenny, MD, American Professional Society on the Abuse of Children 20th Annual Colloquium, Chicago IL 6/28/12.

"Lumps, Bumps Bruises and Burns: The Evaluation of Cutaneous Injury", Michelle Lorand, MD, American Professional Society on the Abuse of Children 20th Annual Colloquium, Chicago IL 6/29/12.

"Medical Panel", Moderator Lori Frasier, MD, American Professional Society on the Abuse of Children 20th Annual Colloquium, Chicago IL 6/29/12.

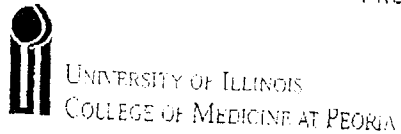
CHILD NEGLECT/ Criminal Investigative Failures: Impact, recognition and avoidance", Gregg McCrary
ABUSE TRAINING MA, American Professional Society on the Abuse of Children 20th Annual Colloquium,
Chicago IL 6/29/12.

"The Safe Environment for Every Kid (SEEK) Model for Preventing Child
Maltreatment – Part 1", Howard Dubowitz, MD, American Professional Society on the
Abuse of Children 20th Annual Colloquium, Chicago IL 6/30/12.

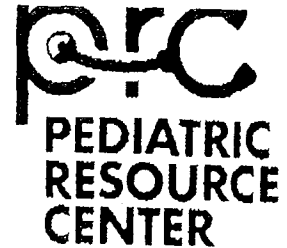
Prep:Cap An Update of Child Abuse Pediatrics, Norfolk VA, 7/11/13 to 7/14/13.

Fourteenth International Conference on Shaken Baby Syndrome/Abusive Head Trauma,
Denver CO, 9/21/14-9/23/14,

Updated 6/26/15



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DATE OF REPORT:

October 28, 2016

Stephanie Johnson
Executive Director

PATIENT:

Madeline Kramer

Channing S. Petrak, MD
Medical Director

DATE OF BIRTH:

January 20, 2013

REFERRAL SOURCE:

Ann Patton, DCFS

DATE OF REFERRAL:

October 4, 2016

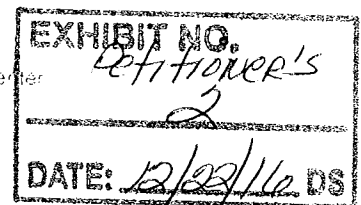
REFERRAL INFORMATION:

Madeline was 3 years old at the time of referral by DCFS. According to information received at the time of referral, Madeline had recently been seen at Edwards Hospital on 10/3/16 due to her mother's concern regarding a green spot in Madeline's underwear after a 6-hour visit with her father. An evidence collection kit was performed at Edwards Hospital. There was concern noted regarding medical child abuse due to the number of times Madeline's mother had sought medical care for possible sexual abuse to Madeline. The parents are currently involved in civil court with a custody dispute. Madeline's mother was to have completed a psychiatric evaluation, but it had not yet been completed at the time of referral.

MULTIDISCIPLINARY INFORMATION:

I reviewed DCFS records provided to me. Based on the DCFS records, there have been multiple allegations of sexual abuse against Madeline's father investigated by DCFS and law enforcement. The records included information or related information from investigations on 3/15/15, 6/25/15, 11/19/15, 11/24/15, 5/13/16, 7/20/16 and 8/2/16. All of these investigations were unfounded. Madeline's mother has reported that Madeline's vaginal opening was bigger and that she had caught Madeline's father touching Madeline's vaginal area. Madeline's mother has stated that she believes Madeline is a subject of satanic rituals. Madeline's mother has reported that she believed that Madeline's father, paternal grandmother and paternal grandfather had all sexually abused Madeline. Madeline's mother has taken Madeline to the police station requesting pictures be taken of Madeline's genitalia. On 8/2/16, Madeline's mother met with DCFS and brought with her a laptop and binder with labeled photos of Madeline reportedly exhibiting symptoms of children who were sexually abused.

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Madeline's mother has also alleged that she saw a counselor, who Madeline was seeing related to the possible sexual abuse, with her pants unbuttoned and unzipped sitting near Madeline, and she believed touching was involved.

Madeline's mother first sought care for concerns regarding sexual abuse of Madeline on 8/27/13, at the age of 7 months, when she took Madeline to her primary care physician because she noted redness of the genitalia and thought that Madeline's vagina was more open.

MEDICAL RECORD REVIEW:

I reviewed records from OSF Saint Francis Medical Center, Perry Memorial Hospital and Pediatric Resource Center. OSF Saint Francis Medical Center records were reviewed electronically. Records from Illinois Valley Community Hospital and Edwards Hospital were included in information from DCFS.

On 3/16/15, Madeline's mother reported to DCFS that Madeline had also been evaluated at Ottawa Regional Hospital and Mendota Hospital. No records from those hospitals were reviewed.

11/8/13

Madeline was seen at the **Perry Memorial Hospital** Emergency Department for alleged sexual molestation. Madeline was 9 months old at the time. Madeline's mother stated that she thought Madeline was sexually assaulted by her father 3 months prior. Madeline's mother reported that Madeline had been at her father's house for a week and began grabbing her diaper as if trying to rub it against her genitals for pleasure. Madeline's mother stated that her research showed it was a sign of molestation. Madeline's mother stated that Madeline's "vagina hole" was opened wide and was very excoriated and at times had "white gunk" at "vagina hole opening." Madeline's mother stated that the redness was different from a diaper rash. Madeline's mother reported that Madeline's doctor was notified 3 months prior and Madeline was diagnosed with diaper rash, although DCFS was called at that time. Exam noted a rash on the left labial and left inguinal crease. Hymen was intact. Madeline was diagnosed with diaper rash and alleged molestation and noted that child protective services were notified.

11/10/13

Madeline was hospitalized at the **Children's Hospital of Illinois** for possible sexual abuse. Madeline's mother reported at that time that spirits told her in a dream that Madeline was being molested. Madeline was evaluated by the Pediatric Resource Center (PRC) while she was inpatient, and her examination was normal.

11/18/13

Madeline was seen at the **Perry Memorial Hospital** Emergency Department for sexual abuse. Madeline's mother reported that Madeline's father was watching Madeline the day before and when she changed Madeline's diaper that day she noted that Madeline's perineum was red. Exam noted mild erythema to the vulva and perineum. Madeline was diagnosed with a diaper rash.

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11/22/13

Madeline's mother called the **PRC** requesting that Madeline be evaluated for sexual abuse due to another incident of abuse. Madeline's mother reported that she requested that Madeline's father come to her house and watch Madeline because she was ill and the next day she noticed that Madeline's clitoris was swollen and her vagina looked different. Madeline's mother reported that she took Madeline to Perry Memorial Hospital Emergency Department. Madeline's mother was advised that the records from Perry Memorial would be reviewed and a determination regarding another examination would be made. Madeline's mother was advised that Madeline did not warrant another examination because the records from Perry Memorial Hospital noted nothing of concern and had good documentation of a diaper rash. Madeline's mother stated that she had been told that the redness could be due to a yeast infection, diaper rash and using different products. Madeline's mother confirmed that the rash got better with medication.

2/12/15

Madeline's mother called **OSF phone triage** and reported that Madeline had been at her father's that day, and her vagina seemed more open and her rectum seemed like there was a rip in it. Madeline's mother was told to go to the Emergency Department.

2/13/15

Madeline was seen at the **OSF Saint Francis Medical Center** Emergency Department because her mother thought her vaginal opening looked larger and there was an anal tear. Exam noted mild redness and Madeline was referred to PRC.

2/18/15

Madeline was evaluated by **PRC** at our outpatient clinic. Madeline's exam was normal. Extensive education was provided to Madeline's mother on normal behavior for Madeline with respect to touching her genitals and general irritation of the vulva.

3/15/15

Madeline was evaluated at **Edwards Hospital** for possible sexual abuse, and an evidence kit was performed.

3/17/15

Madeline was evaluated at the outpatient clinic for sexual abuse connected to **Edwards Hospital**. Exam was normal. Madeline's mother reportedly had taken pictures of Madeline's genitals.

6/5/15

Madeline's mother called **OSF phone triage** and reported that Madeline had been alone with her father for a few minutes and seemed scared to sit down. Madeline's mother reported that Madeline was acting fine, but also reported a long list of prior behaviors that were concerning to Madeline's mother for sexual abuse. Madeline's mother was advised to take Madeline to the Emergency Department if she was concerned, but she refused. Madeline's mother asked for a behavioral therapist. Madeline's mother reported that she had pictures and video of Madeline exhibiting symptoms on her phones, but one phone was lost and another was smashed.

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11/24/15

Madeline was seen at **Edwards Hospital** due to discharge and pain. Madeline's mother reported that she took pictures of Madeline's genitals and had not bathed Madeline, because Madeline was afraid of the bath. Exam was normal, and Madeline's mother refused an evidence collection kit.

11/26/15

Madeline's mother took her to the Emergency Department at **Edwards Hospital** and requested a rape kit, but then refused exam. Madeline's mother was noted to be threatening staff.

11/27/15

Madeline was seen at **Illinois Valley Community Hospital** in the Emergency Department, but Madeline's mother reported that she left because the doctor "seemed to be just some guy off the street" and she didn't want an exam for Madeline. Madeline's mother reportedly just wanted the doctor to document that Madeline's mother had smelled Madeline's vagina, and it smelled like semen.

11/28/15

Madeline was seen at **Edwards Hospital** in the Emergency Department due to abnormal discharge. Madeline's mother reported that Madeline told her that Madeline's father "put his hand in her crotch." Madeline's mother reported that Madeline had vomiting and fever as well, and that she had taken Madeline to the Emergency Department in Peru, but was told to seek more specialized care. The exam was normal.

12/3/15

Madeline was reportedly seen at **Edwards Hospital**. DCFS was notified that Madeline's mother had brought her to the hospital Emergency Department to be seen again for sexual abuse. Further details were not provided.

10/3/16

Madeline was seen at **Edwards Hospital** in the Emergency Department due to discharge. Exam noted minimal redness and 1 mm x 4 mm of discharge by the urethra. An evidence collection kit was performed.

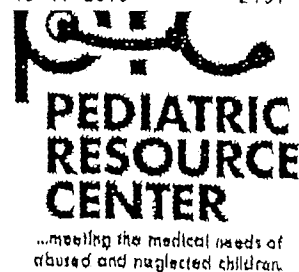
IMPRESSIONS:

Madeline's mother has been concerned about someone sexually abusing Madeline since she was 7 months old, and she is now 3 years old. Madeline's mother has repeatedly taken Madeline for medical evaluation of possible sexual abuse during that 34 month period. Madeline has had at least 13 examinations for sexual abuse. There are clearly other visits that I am not aware of and have not reviewed. Madeline's mother reported that she was concerned due to behaviors of Madeline's, as well symptoms such as redness. As mentioned, Madeline was seen by the Pediatric Resource Center twice previously. During those visits, it was explained to Madeline's mother at length that Madeline's behaviors were normal for age and that mild redness is common in young girls, and not indicative of sexual abuse. Madeline's mother was provided with extensive education on normal behavior, genital hygiene, and other areas of concern for Madeline's mother. Madeline's mother reported that she has taken photos of Madeline's



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Stephanie Johnson
Executive Director

Channing S. Petrak, MD
Medical Director

Date of Visit: 2/18/2015

Name: Madeline Kramer
Date of Birth: 1/20/2013

Referral Information: The initial request for evaluation was made by OSF Saint Francis Emergency Department on 2/13/2015. Madeline's mother had taken Madeline to the ED for evaluation due to concern that Madeline's vaginal opening looked larger than normal following a visit with her bio-father. A limited exam genital exam was performed in the ED due to poor cooperation. No abnormalities were noted on exam in the ED.

Madeline was previously evaluated by PRC in November 2013 after she was admitted to Children's Hospital of Illinois due to concerns of possible sexual abuse. Madeline's mother was concerned at that time because she thought Madeline's vaginal area was red, her vaginal opening appeared larger than normal, Madeline was masturbating ~~and because she had a dream where spirits told her that Madeline was being sexually abused during a diaper change.~~ Madeline had a normal exam at that time, and reassurance about her concerns was provided to Madeline's mother at that time.

Past Medical History: Provided by Madeline's bio-mother. Madeline was born via vaginal delivery at full term. She is not immunized, and her mother reported her to be "immunization exempt". Madeline was reported to have been hospitalized at 10 months of age for concerns of possible sexual abuse (PRC evaluated during hospital stay).

Allergies: No known allergies.

Medications: None.

Additional Medical History: Provided by Madeline's mother. Kristin Lenover, PRC Case Coordinator, was present in the room during the history collection. I asked Madeline's mother to tell me about her concerns. Madeline's mother said that at 7 months of age, Madeline went to stay with her father and his family for one week, and during that stay, Madeline was left with strangers and her paternal grandparents. Madeline's mother said that when Madeline returned to her care, her vaginal area was so enlarged you could "see inside". Madeline's mother described Madeline to have brown-yellow vaginal discharge and said that her genital area was swollen and inflamed. Madeline's mother also said that Madeline was not acting normal at that time. She described that Madeline would just sit and play with her toys while keeping her legs crossed. Madeline's mother described Madeline to squeeze her diaper area, and said that she had to hold Madeline's legs to get her to stop.

When asked about her recent concerns, Madeline's mother said that Madeline will frequently put her hand in her pants, touch herself, have episodes where she "freaks out" and cries after visits with her father. Madeline's mother said that these symptoms dissipate after Madeline is back in her care.

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EXHIBIT NO.
<i>petitioner's</i>
<i>3</i>
DATE: <i>12/22/16</i> DS

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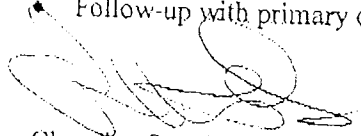
genitalia and admitted to police that she manipulated Madeline's genitalia prior to taking photos on one occasion. Madeline's mother also reported taking video of reported behaviors and stated to nursing staff that she had lost one phone with such information. This is very concerning given that the information on the phone, including genital photos, is accessible to anyone who is in possession of the phone. There is also potential for those photos to be uploaded or shared with other persons, which is both concerning and risky for Madeline, particularly if there were general photos and genital photos on the same phone.

Regardless of the reported concern for which Madeline's mother repeatedly photographs Madeline's genitalia and records video of her behaviors, it is not healthy for Madeline and is invasive to her privacy. It is difficult to teach a child Madeline's age about body safety if a parent is continually examining the child's genitals and photographing what they believe to be abnormalities, particularly if they manipulate the genitals while taking photos. There is a risk to Madeline of injury when her mother "manipulates" Madeline's genitals while taking photos.

It is excessive for a child of Madeline's age to have had the repeated exams for sexual abuse that she has had, as well as the number of evidence collection kits performed. Even when a child is cooperative with examination, there is a risk of injury if they move during evidence collection. Beyond the risk of physical injury, there is the risk of emotional and psychological injury due to the intense focus by Madeline's mother on possible sexual abuse and multiple examinations. I have concerns that Madeline may sustain physical or emotional injury by her mother due to her mother's intense focus on sexual abuse of Madeline and thus, being subjected to repeated examinations. Madeline has not disclosed sexual abuse to an investigator or medical person. Madeline's mother has persistently requested that Madeline be evaluated for sexual abuse despite the PRC providing extensive education to Madeline's mother regarding her concerns being due to normal behaviors and normal findings. Madeline has had 8 examinations that I am aware of since the second time Madeline was evaluated by the PRC. Madeline would not have had numerous medical examinations or laboratory examinations for sexual abuse if her mother had not provided a history of possible sexual abuse for Madeline. It is my medical opinion that Madeline's mother requesting multiple sexual abuse evaluations and evidence collection kits, as well as taking multiple photos of Madeline's genitalia has placed Madeline at serious risk of harm and constitutes medical child abuse.

RECOMMENDATIONS:

- Madeline needs to be in an environment free from abuse and neglect
- Counseling for Madeline
- Counseling for Madeline's mother
- Follow-up with primary care for routine health care



Channing Petrak, M.D., F.A.A.P.
Medical Director

CP/af

Madeline's mother described Madeline's genital area to often appear red and "traumatized" after visits with her father. Madeline's mother reported that Madeline will frequently "push on herself down there". Madeline's mother said that she had friends who saw Madeline's behavior and genitalia after a visit with her father and agreed that something was not right. Madeline's mother said that Madeline's clitoris appeared red and swollen. Madeline's mother said that she has been "trying to rule out everything but the person". I asked her to explain this. Madeline's mother said that if Madeline's father was the one watching Madeline during a visit, then everything would look okay when Madeline returned, but that if Madeline's paternal grandmother was watching her, then Madeline's genital area would appear red, her "vagina hole" was bigger, and Madeline would be squeezing her diaper area. Madeline's mother said that she witnessed Madeline's paternal grandmother wiping Madeline so hard that she appeared to be smacking Madeline's genital area. Madeline's mother said that she was concerned because if Madeline's grandmother was willing to do that in front of her, what was Madeline's grandmother doing when she was not around. Madeline's mother said that Madeline's paternal grandmother is abusive and manipulative and says that Madeline's mother is creating problems where there are none. Madeline's mother commented that she did not know Madeline's father well when she became pregnant with Madeline.

Madeline's mother said that this past Thursday (2/12/2015), Madeline was with her father, and returned to her care that evening. Madeline's mother said that when Madeline returned from her father's, she thought the opening of Madeline's vagina looked "wide and you could see inside". Madeline's mother said that Madeline had been around her paternal grandmother during that visit. Madeline's mother said that other times after just being with her father when Madeline would return, Madeline's vaginal opening was a normal size and there was no redness in her vaginal area. Madeline's mother said that Madeline had not been around her paternal grandmother during those visits with her father.

Madeline's mother said that she has been keeping documentation of all her concerns, and of what she has been told by medical providers that have evaluated Madeline. Madeline's mother said that she has contacted DCFS, but that nothing happens. Madeline's mother said that she has not brought up her concerns during court custody hearings as of yet.

Exam: Present during the physical exam was Madeline's mother and Kristin Lenover, PRC.

Madeline's growth parameters appeared normal for her age.

On general exam, Madeline was a fairly clean, generally healthy appearing 2-year old female. Madeline clung to her mother, and was not very cooperative during her exam. Madeline was noted to have dry skin throughout her body. Her bilateral legs were erythematous with a macular rash noted (mom said pants were just washed in a new laundry detergent). When Madeline spoke, it was fairly intelligible and in 2-3 word phrases. ~~The remainder of Madeline's general physical exam was normal.~~

Ano-genital exam: A detailed, external ano-genital exam was performed with the use of a colposcope. Supine position was used for exam. Madeline was noted to be Tanner Stage 1. ~~Labial separation and labial traction were performed and revealed normal labia majora, labia minora, clitoral hood, perineal area, urethra, perihymenal area, fossa navicularis, and posterior fourchette. The hymen was unimbricated, pre-pubertal hymen. Smegma was noted in the folds of the labia. No vaginal discharge was noted. Exam of the perineum and anal areas was normal. An anal tag was noted at 1 o'clock supine.~~

Impressions:

1. Madeline was evaluated due to her mother's concern of possible sexual abuse. Madeline's mother expressed several concerns that she had about possible abuse to Madeline.
 - a. Madeline's mother said that she has been concerned about sexual abuse since Madeline was 7 months of age. Madeline's mother's most recent concern was that Madeline had an enlarged vaginal opening. ~~The size of the vaginal opening is not indicative of sexual abuse.~~ The size of the vaginal opening varies by person, age, and with the presence/absence of estrogen in the hymenal tissue. Positioning during exam of that area can make the hymenal opening appear different. ~~I explained this to Madeline's mother. Madeline is at an age that her maternal estrogen stores are wearing, which I explained to Madeline's mother will continue to cause some changes in the appearance of Madeline's hymen, as well as increased sensitivity to her vaginal area.~~
 - b. Madeline's mother expressed concern about redness that she has noted in Madeline's genital area. ~~Redness in the genitalia is not specific for sexual abuse.~~ Vulvo-vaginitis is a common cause of redness in the genital area in young females. Factors such as hygiene changes, use of scented soaps/lotions, sitting in wet or soiled diaper for extended period of time, wearing tight clothing, etc. can all be contributing factors to developing vulvo-vaginitis. Increased sensitivity in the genital area also seems to correlate with fluctuations in maternal estrogen stores. This was explained to Madeline's mother, and a brochure on common causes of and ways to prevent vulvo-vaginitis was discussed in the written education provided.
 - c. Madeline's mother said that starting at 7 months of age following a visit with her father, Madeline would squeeze her legs and diaper area together. Although this behavior may have been a change from previous, it is not concerning. ~~Madeline may do this because she gets some self-stimulation. This type of masturbation would fall into the spectrum of normal sexual behavior for a child her age.~~
 - d. Madeline's mother also reported that recently Madeline has been ~~putting her hands in her pants and touching herself. This is a normal sexual behavior for Madeline's age.~~ This was explained to Madeline's mother. I advised that as Madeline's parent, it is her responsibility to teach Madeline about being inappropriate to touch herself like that in front of others.
 - e. Madeline's mother reported concern because Madeline was reportedly having fits where she would scream and cry. Madeline's mother reported that these fits would occur after a visit with Madeline's father, and then decrease in frequency after Madeline is back in her care. ~~Temper tantrums are a normal part of toddler development.~~ It is not unusual to hear that Madeline has more fits after returning from her father's because Madeline has experienced a change from her usual routine when she goes from one parent's care/home to another. If the discipline that Madeline receives is different from one place to another, she may be testing her limits. Dealing with a child having temper tantrums can be stressful. It is best to remain consistent in discipline and not to cave into the child's wants just because they are throwing a fit. Madeline's parents should discuss their discipline methods and rules that they want set for Madeline together to help with consistency. ~~Increased fits could also be a sign that Madeline is experiencing stress. That stress could be related to multiple issues including abuse; however, a child having tantrums/fits is not indicative of abuse.~~
 - f. Madeline's mother expressed concern that Madeline's paternal grandmother is rough when wiping Madeline's genital area. That could possibly contribute to redness that

Madeline has been reported to have in her genital area, but there are too many other possible factors that can cause redness to determine if there is a relationship to being wiped roughly or not. A conversation with Madeline's grandmother about proper hygiene techniques may be beneficial.

- g. ~~Madeline had a normal ano-genital exam on 2/18/2015 at the PRC; this does not exclude the possibility of sexual abuse. A non-acute (greater than 72 hours later) exam following an incident of sexual abuse is normal 95% of the time.~~
- i. Exams are normal most of the time following incidents of abuse. The nature of the type of sexual contact involved, and use or absence of force contribute to normal exams, as does the anatomy of the tissue in the genital area. The ano-genital area is an area of the body that does not easily injure, and when injured, heals quite rapidly, often without residual.
 - ii. When substantiating concerns of possible sexual abuse, the history provided by the child is of utmost importance. Madeline has not made any disclosure of abuse, which is expected given her young age and limited verbal ability. Madeline's mother has listed several non-specific concerns.
2. ~~Madeline's mother expressed a great deal of anxiety about her daughter's safety. Due to the amount of hypervigilance she has, Madeline's mother may herself benefit from talking to a counselor.~~
3. Madeline was experiencing contact dermatitis on her legs thought to be related to a new laundry detergent. Avoidance of this new soap was recommended.
4. Madeline has not been vaccinated. Immunizations protect against many serious illnesses which can have lifelong repercussions, including possible death. Illinois is experiencing outbreaks of measles and pertussis, which leads me to recommend very strongly reconsideration of the decision not to have Madeline vaccinated.

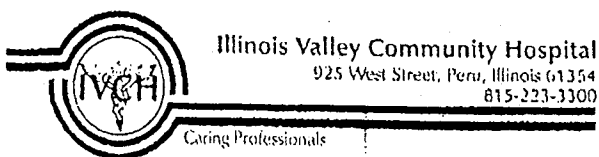
Recommendations:

1. Needs to be in an environment where not at risk for sexual abuse.
2. Get immunized.
3. Avoid new laundry detergent.
4. Follow-up with primary care provider for routine childhood care.

Molly Hofmann, MD
Health Care Provider's Signature
3-20-15
Date

I have reviewed and approved Molly Hofmann's assessment and have endorsed this report.

Channing Petrak, M.D. FAAP
Medical Director



KRAMER, MADELINE H



Visit ID: 11125434

01/20/2013

2Y/F

MRN: 261617

GENERAL CONSENT AND FINANCIAL AGREEMENT

I, Parent, acting on behalf of KRAMER, MADELINE suffering from a condition requiring hospital/emergency care, hereby voluntarily consent to such care.

CONSENT FOR TREATMENT: I consent to x-ray examinations, laboratory procedures, medical treatment, emergency treatment, or other hospital services including nursing care rendered me under general and special instruction of the attending, consulting or emergency department physician, who is in charge of my care and treatment. I understand that photographs, videotapes, digital or other images may be recorded to document my condition, care and treatment, and I consent to this. I understand that IVCH will retain ownership rights to these photographs, videotapes, digital or other images; but that I will be allowed access to view them or obtain copies. I understand these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in the IVCH policy. The Hospital is not responsible for acts of care and treatment ordered by the physician which are properly performed by Hospital personnel pursuant to his instruction. In addition, I authorize Illinois Valley Community Hospital (IVCH) to dispose of the excised tissue, parts or organs resulting from procedures for which I am being hospitalized.

I understand that medical services are provided by physicians who are independent practitioners and are not employees or agents of IVCH.

I further acknowledge that my admission and discharge are arranged by the attending physician.

HOSPITAL SERVICES: I recognize that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees have been made as to the results which may be obtained from the hospital care and treatment and rendition of medical services by the attending physician, his or her assistants, or designated on-call or covering physicians.

RELEASE OF INFORMATION: I agree that IVCH may release hospital information about this episode of care, including copies of all requested medical records to any insurance company, medical review program contracting with the third-party payors and any other agency responsible for paying for services, and the attending physician for follow-up care. Images that identify me will be released and/or used outside the institution only upon written authorization from me or my legal representative, or as required by law. I acknowledge that IVCH holds no liability in how this information is used by payors.

ASSIGNMENT OF INSURANCE BENEFITS: In the event I am entitled to benefits arising out of any policy insuring me, those benefits are hereby assigned to the hospital and/or physician for application on my bill.

FINANCIAL AGREEMENT: The undersigned agrees, whether he/she signs as an agent or as a patient, that in consideration of the services to be rendered to the patient, he hereby obligates himself to pay the account of the Hospital in accordance with the regular rates and terms of the Hospital. The undersigned further agrees the account is to be paid in full within thirty (30) days from the date of discharge unless he/she makes arrangements satisfactory to the Hospital. Should the account be referred to any attorney or collection agency for collection the undersigned agrees to pay all reasonable attorney fees, court costs and collection expense.

GENERAL CONSENT AND FINANCIAL AGREEMENT



1GENER



DATE

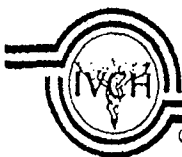
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HEALTH INFORMATION MANAGEMENT

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Illinois Valley Community Hospital

925 West Street, Peru, Illinois 61354
815-223-3300

Caring Professionals

KRAMER, MADELINE H



Visit ID: 11125434

01/20/2013

2Y/F

MRN: 261617

In addition, Medicare and Champus Patients:

MEDICARE PATIENT'S CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION, AND PAYMENT REQUEST. I certify that the information given by me in applying for payment under TITLE XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and/or the Medicare Program or its intermediaries or carriers or to the Professional Standards Review Organizations any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

Inpatients Only

IMPORTANT MESSAGE FROM MEDICARE: I acknowledge receipt of the IMPORTANT MESSAGE FROM MEDICARE which does not waive any of my rights to request a review or make me liable for any payment.

Issuing Clerk Initials _____

IMPORTANT MESSAGE FROM CHAMPUS: I acknowledge receipt of the IMPORTANT MESSAGE FROM CHAMPUS which does not waive any of my rights to request a review or make me liable for any payment.

Issuing Clerk Initials _____

I have read this form and I am satisfied that I understand its content and significance.

Patient's Signature

11/27/2015 7:21 PM

Date/Time

Other Required Signature

11/27/2015 7:21 PM

Date/Time

Signature of Witness

Relationship to Above Patient

If patient did not sign this consent or if someone other than the patient signed, document the reason below:

GENERAL C
ICGENER

SENT AND FINANCIAL AGREEMENT
DATE

05/13/2016
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HEALTH INFORMATION MANAGEMENT
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